

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION BUREAU OF INSURANCE 34 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0034

ALESSANDRO A. IUPPA
SUPERINTENDENT

Maine Bureau of Insurance Business Entity or Individual Address Change Form

Notification of change in Business Address: In accordance with 24-A MRSA §1419, it is the obligation of the licensee to notify the superintendent of changes in **business** address within 30 days. Failure to do so results in the automatic imposition of a penalty.

Note: If the business entity (agency) is changing its address, please enclose a list of Maine licensed individuals whose addresses are affected by the change.

Name (Indiv	ridual or Bu	siness Entity):				
FEIN/Social Security #				Maine License #		
		Iress (for Businesses are display		ndividual changes)		
Business Name		sses are display	ed on the line	met.		
PO Box Business Street Mailing Add			et Mailing Address			
City			State	Zip Code	Business Phone Number	
Individual H	lome Maili	ng Address				
PO Box Street Mai		Street Mailing Add	ling Address			
City			State	Zip Code	Home Phone Number	
If you have:	any questic	ine nlease cont	act: Pat Thom	son (207) 624-841/	1	
				atricia.M.Thomson(7) 624-8599		
Return to:	Pat Tho	mson		,		
		Maine Bureau of Insurance				
	34 State	34 State House Station				

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Augusta ME 04333-0034

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